HO. OF COPIES RECEIVED	_			
DISTRIBUTION	NEW MEXICO OU	L CONSERVATION CO		
SANTA FE	REQUE	ST FOR ALLOWABL	MMISSYON F	Form C-1[4
FILE		AND	C	Supersedes Old C-104 : Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO T		D MATHDAL GAS	
LAND OFFICE		MANUFORT OIL AN	D NATURAL GAS	
TRANSPORTER OIL /			pec's	IVED
GAS /			1992 i	.: 4
OPERATOR /				
PROPATION OFFICE			(4N -	8 1980
WILLIAM N. BEACH				
Address			O. C	. D.
	Midland, TX 79702	<u> </u>	ARTESIA,	
Reason(s) for filing (Check proper be			74((20))	311132
New Well		Other (Ple	ase explain)	· · · · · · · · · · · · · · · · · · ·
Recompletion	Change in Transporter of:			. m. r. o. v
Change In Ownership		y Gas RECLASSIFICATION: Ondersate GAS WELL TO OIL WELL		
, , , , , , , , , , , , , , , , , , , ,	Casinghead Gas Con-	densate	JAS MELL TO	OIL WELL
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
NEW MEXICO 36	2 Yell No. Poc. Name, Including 1 E. Red Lak	Formation	Kind of Lease	Leas
Location NEW PIEXTCO 36	± E. Ked Lak	e-Queen - たっ	State, Federal or F	State L-1
	North	1000		
Unit Letter;;	980 Feet From The North L	.ine and	Feet From The	west
Line of Section 36	16 6	_		
Line of Section 30 To	ownship 16-S Range	28-E , NMF	EDDY	_
DECIGNATION OF THE				
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G			
Name of Authorized Transporter of O		Address (Give addres	s to which approved co	py of this form is to be sen
THE PERMIAN CORPORATION Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approxi-				77001
	<u></u> -	Address (Give addres	s to which approved co	py of this form is to be sen
PHILLIPS PETROLEU		BARTLESVILI	E, OK 740	003
If well produces oil or liquids,	Unit Sec. Twp. Pge. 7 36 16-S 28-E	Is gas act filly connec	ted? When	70
give location of tanks.	_11	1	10-	
If this production is commingled w	ith that from any other lease or pool	, give commingling ord	er number: Cmp C	100
COMPLETION DATA			CIB 2	80
Designate Type of Completi	on = (X) Cil Well Gas Well	New Well Workover	Deepen Plus	Back Same Resty, Litt.
Date Spudded				
11-19-78	Date Compl. Ready to Prod. 12-22-78	Total Depth	P.B	.T.D.
· -		2322		1840
3622 RKB, 3615 GL	Name of Producing Formation OUEEN	Top Off/Gas Pay	Tub	ing Depth
Perforations	ZODEN	1664		1620
1664-1674		_	Dep	h Casing Shoe
1004 1074				2322
		D CEMENTING RECO	RD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEMENT
11"	8-5/8	346	125	sx C+2 & CaCl
7-7/8"	4-1/2	2322		sx 50/50 POZ m
				2% CaCl
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total val	ume of load oil and mu	at be equal to or exceed top
ML WELL		epth or be for full 24 hous	s)	i se squar it or exceed it;
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flo	u, pump, gas lift, etc.	70 57 67
	1-3-80	FLOW		ZD 180
Length of Test	Tubing Pressure	Casing Pressure	Chok	• Size
24 hours	95	SEALED		22/64 4 7
Citual Fred. During Test	Oil-Bble.	Water - Bbis.	Gae -	42/64 (V (W)
	16.3	1.8		100.6
		<u> </u>		±00.0
AS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMC	F Grav	ity of Cendensate
eating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Chok	• Sire
	•			
FRIIFICATE OF COMPLIANC	·F.	1 011	CONSERVATION	COLUMNOSION
· · · · · · · · · · · · · · · · · · ·	· -	اا		COMMISSION
harahu partifu that the entre of	equiptions of the Oil O	APPROVED	JAN = 9 1980	. 19
hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1 AFFROVED		
ove is true and complete to the	best of my knowledge and belief.	BY /V C	1, Dus	rett
		, , , , , , , , , , , , , , , , , , , ,		er we
		TITLE SINTER	VISOR, DISTRIC	!' H
A_{i} A_{i}		This form is to	be filed in complia	nce with RULE 1104.
V. T. toner		13		or a newly drilled or dea;
(Signature)		well, this form mus	be accompanied by	a tabulation of the day
PRODUCTION SUPERVISOR		tests taken on the		
				Hed out completely for a

1-7-80

(Doie)

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of conveil name or number, or transporter or other such change of conveiling the forms C-104 must be filed for each pool in management of wells.